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The effectiveness of social work with adults

A systematic scoping review

Jo Moriarty and Jill Manthorpe
Social Care Workforce Research Unit



March 2016

About the Policy Institute at King's

The Policy Institute at King's College London acts as a hub, linking insightful research with rapid, relevant policy analysis to stimulate debate, inform and shape policy agendas. Building on King's central London location at the heart of the global policy conversation, our vision is to enable the translation of academic research into policy and practice by facilitating engagement between academic, business and policy communities around current and future policy needs, both in the UK and globally. We combine the academic excellence of King's with the connectedness of a think tank and the professionalism of a consultancy.

About the Social Care Workforce Research Unit

The Social Care Workforce Research Unit (SCWRU) at King's College London is funded by the Department of Health Policy Research Programme and a range of other funders to undertake research on adult social care and its interfaces with housing and health sectors and complex challenges facing contemporary societies.

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Foreword



The need to understand what works in current social work practice is vital if we are to understand the effectiveness of social work models of intervention and develop an evidence base that helps raise the quality of social work.

That is why this report by the Social Care Workforce Research Unit (SCWRU) at the Policy Institute at King's College London is welcome in providing a valuable insight into the current research and evidence base for social work. Based on a systematic scoping review of a range of data sources, both domestic and international, it illustrates some of the different ways that we can define 'effectiveness' in social work practice, gives examples of some successful social work interventions with adults and highlights areas which might benefit from further research, including social work with people with learning disabilities.

Research into social work practice is an evolving field and the evidence base is better for some aspects than others. This review provides a helpful starting point. I am currently working with officials in the Department of Health to pilot the provision of a named social worker for people with learning disabilities, autism and mental health conditions, which, along with achieving better outcomes for people and their families, is intended to help further our understanding and awareness of the effectiveness of social work approaches.

This review comes just ahead of the publication of my second annual report in March 2016 and will help inform the development of my strategy and priorities for social work research. I hope you will use this review in your organisations and partnerships to help identify and develop social work research and evidence. As we move further into integrated and devolved arrangements for supporting people with health and social care needs, strengthening the evidence base to inform high quality frontline practice will become ever more important."

Lyn Romeo

Chief Social Worker (Adults)

Department of Health

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Summary

- ♦ This report is based on a scoping review into the effectiveness of social work with adults undertaken to help inform the work of the Chief Social Worker for Adults. The Chief Social Worker for Adults is responsible for leading the reform of adult social work at government level in England.
- ♦ It is based on systematic searches of a number of electronic bibliographic databases, websites, and reference harvesting the bibliographies of key published studies in order to identify material that had not come up in the searches.
- ♦ ‘Effectiveness’ refers to how well a particular intervention, approach, or policy performs under ‘real world’ conditions. However, it is accepted that definitions of effectiveness depend upon what is being measured and who is doing the measuring.
- ♦ The review took a broad approach to defining effectiveness, including cost effectiveness, impact on service users and carers (for example, changes to quality of life), and user and carer views.
- ♦ Overall, the review concluded that, although the evidence base for social work with adults is mixed and uneven, the results are broadly positive.
- ♦ Social workers’ effectiveness seems to rest most on their ability to combine a number of roles, including assessment, local knowledge, and being able to provide counselling and/or ongoing support.
- ♦ The evidence base for studies about care management and health care social work appears to be largest.
- ♦ There is considerable satisfaction with palliative care social workers among service users and carers but there is evidence of unmet demand.
- ♦ We seem to know least about effectiveness of social work with adults with learning disabilities.
- ♦ We need to know more about the inter relationships between structural arrangements, workload, worker satisfaction and effectiveness.

Background

There is increasing emphasis on the need for all health and care professionals to be able to demonstrate the effectiveness of their work. As far as social work is concerned, this is exemplified in the call for social work qualifying education to produce three main outcomes, namely the social worker as practitioner; the social worker as professional; and:

... the social worker as a social scientist, able to understand and apply to their social work practice, the relevant principles, methods and knowledge of social work; seeking to further the understanding of social work through evidence gathering and through research (Croisdale-Appleby 2014: 15).

However, as the Chief Social Worker for Adults noted in her first annual report:

... many policy makers and practitioners find it difficult to access good quality evidence on the effectiveness of social work interventions (Romeo 2014:26).

This review aims to give policymakers and practitioners a broad overview of evidence on the effectiveness of social work with adults in the United Kingdom (UK) and internationally by bringing together existing published research and identifying where gaps exist.

Social work with adults involves a number of different roles and functions, ranging from assessing, reviewing and providing help to an individual, family or carer with complex family or social care needs, supporting people with complex or life limiting health conditions, and safeguarding people at risk of abuse and neglect (Adams et al. 2009, Davies 2013, The College of Social Work 2014). This review does not concentrate on any single aspect of these but instead takes a broad brush approach. This is a necessary preliminary to identifying the direction of any future work investigating specific areas of practice, such as

safeguarding, or particular roles, such as Best Interest Assessors (BIAs).

Early approaches to defining effectiveness in social work

Social work is, by its very nature, contentious and this has shaped debates about its effectiveness from its beginnings as a profession (Cheetham et al. 1992). Since it has been suggested that some members of the general public – and indeed some academics (for example, Epstein 2012) – regard social work as having a weaker evidence base than other professions (Hall 2008, Rubin and Parrish 2012), the starting point for this review is noting that interest in effectiveness of social work began earlier than is sometimes supposed (Newman and Roberts 1997, Gibbons 2001, Fisher 2013). In particular, Fisher (2013: 21) cites Mary Ellen Richmond whose book *Social Diagnosis*, published in 1917, discussed the different types of evidence social workers could use and the approaches they could take to using their knowledge. She commented:

We should recognize... the evident desire of social workers to abandon claim to respect based upon good intentions alone; we should meet halfway their ... endeavors to subject the processes of their task to critical analysis; and should encourage them to measure their work (Richmond 1917: 25).

Gibbons (2001) outlines a series of studies from the 1920s onwards in which social workers became involved in evaluating different approaches to social problems. These included the Cambridge-Somerville Youth Study (Cabot 1940) in which an experimental group of boys living in Massachusetts were given counselling and mentoring and their progress was compared with a matched control group who were simply asked to report to the researchers from time to time so that they could record how the boys were doing. Unfortunately, the initial results from this study showed no

difference between the two groups in terms of youth offending and, as time went on, overall outcomes for the treatment group in terms of offending rates, mental health problems and early mortality were actually worse than for the controls (McCord 1978).

This study became one of a series published in the 1970s describing interventions that were shown to be ineffective (Rubin 2011) or questioned contemporary dominant models of practice, such as case work (Fischer 1973). Perhaps as a result of these early failures, critiques of empirically based social work began to emerge in the late 1970s (Gibbons 2001). They took place at a time when other attacks on positivism and quantification were occurring in philosophy, cultural studies, education, and social science which culminated in the infamous qualitative versus quantitative 'paradigm wars' (see Hammersley 1992).

During the 1980s further criticisms emerged about the quality of much published social work research – both quantitative and qualitative (Fraser et al. 1991). At the same time, Sheldon (1986: 238) saw signs of a 'second wave' of social work effectiveness studies, smaller in scale and with stricter parameters, that left 'some grounds for confidence ... but none for complacency.'

The evidence-based practice movement and effectiveness

In the years leading up to the millennium, the rise of the evidence-based practice movement (EBP) led to a resurgence of interest in social work effectiveness (Rubin 2011, Fisher 2013). This was accompanied by continuing vigorous debates about the nature of what constituted 'evidence', perhaps reflected most strongly in the differing ontological positions outlined by Webb (2001) and Sheldon (2001), two articles that continue to be cited today. For the former, the EBP movement placed too little emphasis on contextual factors and the interconnected nature of interactions between social workers and others. For the latter, EBP reduced the risk of uncritically adopting ineffective or damaging theories or ideas.

Since then, much greater recognition of the nuanced and complex nature of effectiveness in social work and the types of different knowledge that contribute to it has developed (Kunnerman 2005, Fisher 2013, Smith et al. 2013, Cree et al. 2014, Gambrill 2015). For example, Craig and

Bigby (2015) offer critical realism as an under-explored framework from which to develop social work research. They argue that this steers away from what they see as the limitations associated with the relativism of post-structuralism (where there may be rational grounds for selecting one course of action over another) and the tendency for some elements of evidence-based practice to underplay unpredictability in interventions.

These debates provide a second starting point for this review; the acknowledgement that differing views exist about how 'effectiveness' in social work should be defined or measured.

Review aim and methods

The Social Care Workforce Research Unit at the Policy Institute at King's College London was asked to provide an evidence review for the Chief Social Worker for Adults that aimed to answer the question, 'What do we know about the effectiveness of social work with adults and how has it been measured?' (Carter 2014).

The remit for 'social work with adults' was broad. As well including social work with different types of service user (adults with a learning disability, mental health problem or specific disability), it would also cover social work in specific settings, such as end of life care. The intention was to produce a free at the point of use resource that could be consulted by social work practitioners and managers working with adults in England. From a wider perspective, the review would also help identify broad topic areas where published empirical research was available and those where evidence was emerging or which were under-researched.

The expansion of evidence-based practice across sectors has led to an increasing variety of types of different types of literature review. This diversity and a lack of consensus about terminology mean that there can be overlaps between, and within, different types of review (Grant and Booth 2009, Gough et al. 2012).

We decided to use a scoping methodology to answer the review question. We considered this best reflected the remit and purpose of the review, and the level of resource allocated to it. Since their first publication in 2005 (Arksey and O'Malley 2005), scoping reviews have become an increasingly popular approach to reviewing research evidence (Levac et al. 2010, Moriarty and Manthorpe 2012, Pham et al. 2014). They are commonly used for 'reconnaissance' – to clarify working definitions and conceptual boundaries of a topic or field, particularly when it has not yet been comprehensively reviewed, or exhibits a large, complex, or heterogeneous nature (Peters et al. 2015). They may be undertaken as an end

in themselves, to help inform an ongoing research study, or in preparation for undertaking a more specific and substantial systematic review (Levac et al. 2010, Armstrong et al. 2011, Moriarty and Manthorpe 2012, Peters et al. 2015).

There is no universally agreed definition of what constitutes a scoping review and how it should be conducted. Like systematic reviews, scoping reviews offer a systematic and transparent way of identifying published research. However, unlike systematic reviews, they rarely attempt to assess the methodological quality of individual studies. In particular, they generally have broader inclusion criteria in terms of which types of research design will be eligible (Levac et al. 2010, Moriarty and Manthorpe 2012, Peters et al. 2015).

After defining the aim of the review, we agreed the criteria for inclusion. This was that the item reported:

- research about social work with people aged 18 and over; and
- commented on social workers' effectiveness either on their own or as members of a multidisciplinary team.

The sources used to identify material for this review are summarised in Table 1. We undertook a combination of searches of electronic bibliographic databases and general internet searches. We were aware that some research on social work effectiveness might not have been abstracted in electronic bibliographic databases so we searched the websites of the British Association of Social Workers (2015), National Association of Social Workers (2015), Australian Association of Social Workers (2015), and Association for Social Workers in Aotearoa New Zealand (2012). These are the membership organisations of social workers in the United Kingdom, United States, Australia and New Zealand respectively. We also searched the website of The College of Social Work (TCSW), the former professional body for social

Table 1: Sources searched for the review

Resource	Number of items retrieved	Full text items retrieved	Included in review
Centre for Reviews and Dissemination Database	140	46	13
Sociological Abstracts	225	13	6
Social Care Online	725	27	21
Medline	419	26	15
Journals @ OVID	161	18	11
Reference harvest and table of contents searches ¹	38	38	26
Google scholar & websites	7	8	6
Total	1666	176²	98
Notes			
¹ This is almost certainly an underestimate as it excludes a number of items identified in systematic reviews where it proved necessary to read the full text to see if they met the review criteria.			
² The first two columns include duplicates identified across different sources.			

work in England while it still existed, and the social work effectiveness page of the Finnish National Institute for Health and Welfare (2016). We discussed the review at the Social Care Workforce Research Unit Service User and Carer Advisory Group but a decision was taken to delay wider circulation of the findings until the peer review process had been completed.

It was decided to prioritise searches of the NIHR Centre for Reviews and Dissemination database as this was developed by searching the bibliographic databases MEDLINE, Embase, CINAHL, PsycINFO and PubMed. Additional searches were made of the databases Sociological Abstracts, Social Care Online, and Medline using a mixture of fixed terms and free text using truncations of social work*, outcome*, effective*, satisf* and consumer, patient, user, or carer views. We had originally intended to search the International Bibliography of the Social Sciences and PsycINFO databases and the British Library Social Welfare Portal but the number of full text items that had to be retrieved meant that this was not possible within the time allocated for the review. This was because databases seemed to index social work as an activity rather than the work that professional

social workers do, making it difficult to exclude items based on title and abstract alone. Hand searches were also made of the tables of contents of the British Journal of Social Work and Research on Social Work Practice.

We only included material published after 1995 because the roles and functions of social workers have changed considerably over the past two decades. While earlier published research does exist (for example, Macdonald et al. 1992), the organisational, policy and practice contexts that existed at the time were very different to those operating today.

Searches were not restricted to English language publications but as there was very little material not in English in the database chosen, it was unsurprising that only one non-English language item was retrieved. This was a journal article in Slovene with an abstract in English that appeared to be a descriptive account of social work with older people. It was excluded from the review.

Research about children and young people, parents in receipt of children and family services, and social work within criminal justice settings was

excluded. Some social care research (for example, Jacobs et al. 2009, Rabiee and Glendinning 2011, Turnpenny and Beadle-Brown 2015) also had to be excluded because it was about social care and not specifically about social work.

Although effectiveness is conceptually linked to social workers' knowledge and aspects of the work environment, such as burnout and stress, items about these topics were not included in the review unless they also specifically reported on outcomes for service users or carers.

In some instances, these inclusion/exclusion criteria proved more difficult to operationalise. For example, some interventions aimed at improving hospital discharge or providing post discharge support included the costs of social worker time (Rich et al. 1995, Roderick et al. 2001, Krumholz et al. 2002, O'Reilly et al. 2008) but had to be excluded from the review because no other information on what this involved was provided. A probable explanation for this is that few studies of hospital discharge are led by social work researchers (Preyde et al. 2009). Their results are generally published in medical journals that set tight word limits on the length of articles. This means that it is less likely they will be able to report in detail on the social work contribution.

Another challenge resulted from systematic reviews or meta-analyses reporting on interventions such as cognitive behavioural therapy (CBT). These often lacked information on the professional background of the person delivering the intervention (for example, Magill and Ray 2009, Smith 2011, O'Neal et al. 2013). This necessitated having to read the full texts of all the cited investigations. Some studies that had not otherwise come up in the searches were identified this way (for example, Chen et al. 2006) but it was a time consuming process.



The bibliographic software package EndNote was used to record the full text items retrieved for the review in terms of study design and topic. The core of the review consists of 78 items comprising 51 individual pieces of primary research, 18 literature reviews, two studies based on secondary data analysis, and seven commentaries. A further 20 items were general commentaries or analyses of the quality of effectiveness research in social work. Other sources are cited to provide background or contextual information.

While the majority of scoping reviews do not include elements of quality appraisal, some do (Pham et al. 2014, Peters et al. 2015). We decided that the material was too diverse to attempt this and that it would be better if future work appraised material on specific topics. Alongside the main text of this review, a summary appendix has been prepared with the aim of making it easier to compare findings across different aspects of the social work role. It also records the methodology used by the researchers. This means that although we did not grade the quality of the research, it is possible to gain a sense of the different designs that have been used and the range of ways by which effectiveness has been measured.

In the case of primary research, the appendix also records the country in which the study took place. In the context of the United Kingdom, social care is a devolved matter and this is thought to have led to differences emerging in social care with adults across the United Kingdom. Where possible, we have specified the constituent country in which the research took place but this is not always reported in earlier research.

Review limitations

Although there are many advantages to scoping reviews, they also have their disadvantages. In terms of this review, the first limitation is that only a limited number of searches could be carried out. It is possible that they missed some items that should have been included, particularly in databases that do not index terms such as outcome or service user/client/patient satisfaction because much then depended on whether the authors had used these terms in the title or abstract.

Second, the limited scale of much social work research and the way it is recorded means that examples of effective social work may remain 'under the radar'. These may be reported in

online publications aimed at professionals such as Community Care or Guardian Social Care Network but the search facilities on these websites are limited and older items, in particular, are unlikely to be retrieved.

Third, there is a risk of publication bias in that no attempts were made to compare the results of published studies with those that have not been published by searching sources such as research registers and conference submissions. The number of doctoral theses by social workers is also increasing. It is possible that databases such as EthOs include some material that would have been eligible for this review.

The lack of a separate quality appraisal process means that there is a further risk of bias in that the findings need to be interpreted as reflecting what the original authors claimed, rather than offering an independent assessment of their findings.

Finally, we noted the lack of retrieved material in languages other than English. Although it is commonly observed that social work researchers in non-English speaking countries increasingly aim to publish in English language publications, there does not appear to have been any research examining the existence of a language bias whereby research published in English differs from research published in other languages.

We have not considered the question of replicability. Research originating in the United States accounted for a high proportion of the studies reported here and the extent to which these findings are replicable outside a North American context is a matter that requires further study.

Findings

What do we mean by effectiveness?

As Cheetham and colleagues (1992: 9) noted in their classic text, despite its apparently straightforward use, ‘effectiveness’ is not something which has an object-like reality ‘out there’ waiting to be researched and measured. Judgements about effectiveness depend on who is being asked to provide the definition and the outcomes they are hoping it will achieve. The perspective of a commissioner seeking value for money may differ from that of a service user and carer trying to manage their needs for support on a day to day basis.

A distinction is sometimes made between efficacy and effectiveness, with the former referring to how well a particular treatment or intervention does under ideal, or controlled, conditions while effectiveness describes how well it performs under ‘real world’ conditions (Revicki and Frank 1999). However, as Cheetham et al. (1992) point out, not all social work interventions fit neatly into binary divisions of success/failure. Safeguarding decisions are an obvious example where the outcome might be the ‘least worst’ option in the circumstances.

There is a further difficulty when looking at effectiveness in relation to social work stemming from the broad spectrum of social work activities, ranging from assessment to providing information, advocacy, counselling and co-ordinating support (Adams et al. 2009, Davies 2013, The College of Social Work 2014). In reality, each cannot be divided into single components that can be individually measured. Thus, most social work interventions are highly contextual and are characterised by complex client-worker relationships which may make it harder to separate them into individual components (Craig and Bigby 2015).

Types of effectiveness study identified in the review

Social work researchers have often pointed to the paucity of social work studies using experimental

designs or reporting on costs (Rosen et al. 1999, Reid 2001, Holosko 2010, Mullen and Shuluk 2011). While this remains true, items included in the review featured a number of different designs. These included studies of:

- cost effectiveness (for example, Barrett et al. 2006, Brouwers et al. 2007, Rizzo and Rowe 2014);
- changes among people who received a social work intervention (for example, Beder 1999, Boulware et al. 2013);
- meta analyses (for example, Dumaine 2003, Lundahl et al. 2010) and systematic reviews (for example, Cabassa and Hansen 2007, O’Connell et al. 2013);
- service user views about social workers (for example, Beresford et al. 2006, Beresford 2007, Agnew et al. 2008); and
- views of other professionals about social workers (Reese 2011) and social workers’ views of the work they were doing (McCormick et al. 2007).

In describing these studies in more detail, we first discuss general reviews of effectiveness before looking at specific social work activities and work with particular groups of service users (for example, older people). As will become clear, the evidence base for some activities is larger than that for others so the choice of headings was broadly driven by the size of the material. It is worth noting here that few of the retrieved studies discussed social work with carers. In some instances, outcomes for carers were reported alongside outcomes for the people for whom they cared but this is consistent with the evidence reported by Mitchell et al. (2013) of limited and inconsistent social work support for carers. The uneven nature of the evidence base for social work with adults is an important finding in itself and helps highlight where more research might be needed.

General reviews of effectiveness

Six items included in this review (Gorey 1996, Gorey et al. 1998, Rosen et al. 1999, Reid et al. 2004, Mullen and Shuluk 2011, Rubin and Parrish 2012) consisted of general overviews of social work effectiveness, almost all of which were based on research undertaken in the United States. Contrary to the statement made in an opinion piece by Epstein (2012: 532) that 'there is hardly any scientifically credible evidence that social work interventions have been effective with any group of recipients under any conditions of practice', these sources took a much more positive view, with Gorey (1996) suggesting that three-quarters of the clients who participated in social work interventions did better than the average client who did not. Likewise, Mullen and Shuluk (2011: 60) considered that it was 'reasonable to conclude that approximately two thirds of clients served by social workers benefit in measurable ways.' Neither review discussed what these proportions meant in the context of interventions delivered by other professionals and – as this review points out, few studies have been able to compare representatives from different professions in delivering similar interventions.

In another review, Gorey et al. (1998) considered whether different types of theoretical framework for social work interventions (for example, systemic versus psychodynamic) led to different results. They concluded that, in general, while cognitive-behavioural social work methods predominated among published studies, there was no evidence these were any more effective than other interventions. Indeed, they argued, a range of theoretical models might be most effective depending upon what was needed. As an example, they noted a trend for radical feminist social work approaches to be better at supporting people who had experienced severe traumas, although there were insufficient studies of this type for them to examine this statistically.

A systematic review (Chan and Holosko 2016) considered the role of Information and Communications Technology (ICT) in enhancing the effectiveness of social work interventions. Different types of intervention were identified including online forums, virtual environments, and telephone/text contacts to enhance adherence to an intervention. It concluded that results were generally positive but that more work was needed on identifying the methods by which different aspects of an intervention worked.



Two important considerations stem from these findings. The first was raised by Myers and Thyer (1997) who argued that people using services had a 'right' to receive effective social work interventions. This raises an important question about who decides which types of approach are effective and what happens if individuals disagree with the support they are offered.

The second is prompted by the estimated 25 (Gorey 1996) to 33 (Mullen and Shuluk 2011) per cent of social work interventions that do not appear to be effective. Neither review asked the question, 'under what circumstances is social work *ineffective*?' This was unsurprising as both took a largely positivist standpoint in reporting 'what works'. However, as we go on to discuss, there are some circumstances in which it seems to be more difficult for social workers to deliver the best possible support (assessments that are driven solely by social care eligibility criteria or circumstances where there is unmet demand, as there seems to be for palliative care social workers). Here, research reporting the views of practitioners and service users and carers becomes an important part of understanding circumstances in which improvements could be made.

Two commentaries included in the review provided ideas that could be explored more fully in future work. Trevithick (2003) identified a decline in interest in the quality and nature of the service user and practitioner relationship which she argued was increasingly seen in procedural, legal and administrative terms and not as an indicator of practice effectiveness.

Musil et al. (2004) asked whether social workers sometimes avoided, rather than confronted, the dilemmas they faced, such as balancing the needs of their employer and people using services. Role

conflicts of this sort have been clearly identified as contributing to stress and burnout among social workers (Lloyd et al. 2002, Acker 2003, Moriarty et al. 2015a). As well as the long established links between stress and burnout and poorer retention and sickness rates, concerns have also been expressed that they may also affect social workers' decision making and their relationships with people using services and carers (Blomberg et al. 2015). The process by which wider structural matters such as funding pressures and eligibility criteria may lead workers to assume a 'cognitive mask' by which they tacitly accept that service users and carers may receive insufficient or poor quality support was described in a study of safeguarding undertaken in Wales (Ash 2013). This appears to be an under-researched aspect of effectiveness.

Comparing social worker outcomes with outcomes for other practitioners

Much research reporting on outcomes does not report the professional background or degree of experience of the practitioners providing the service (Dumaine 2003). However, Rubin and Parrish (2012) identified 37 studies in which outcomes for social workers could be compared with outcomes for other practitioners. With the proviso that almost all the studies included in their review took place in the United States, they found that mental health and gerontological (older people) social workers did at least as well as non-social workers in terms of practitioner retention, mental health court intervention, efforts to maintain older adult independence in the community, and attitudes toward evidence-based practice. They concluded that there were more positive reports for mental health and gerontological social work than for social work in child protective services. However, the results overall were mixed and the evidence base was comparatively small. They highlighted the methodological and resource

challenges of undertaking this sort of research and the need to reach agreement about unambiguous outcomes. For example, reduced placement rates in care settings are often used as a measure of programme success but in many cases they may be the preferred option and one that the service user has chosen.

How effective are social work assessments?

Despite the centrality of assessments to the social work role (The College of Social Work, undated), comparatively little research appears to have been undertaken into their effectiveness. Most of it was about the experience of being assessed, rather than the extent to which assessments were successful in identifying support needs and arranging the right amount of support. Furthermore, Qureshi (1999) argued that the failure to give enough attention to reviewing assessments meant that opportunities to identify whether they were meeting their objectives were under-utilised.

Milne et al. (2013) and (Beresford 2007) observed that since the community care changes in the 1990s, assessment practice has been increasingly focused on demonstrating a person's 'eligibility to receive a service' rather than on 'individual need'. This seems to have had two consequences for the ways that social workers are perceived by service users and carers. Firstly, Penhale and Young (2015) and Beresford (2007) suggested that many people's experience of social work and social care does not progress beyond the point of assessment as they are deemed to be ineligible for any further support. This gave them a very limited view of social work. Secondly, these types of assessment tended to be very deficit based and failed to consider a person's strengths, biography and aspirations. They thought this further contributed to the negativity of the assessment experience.

The people taking part in a large study of service user and carer experiences of health and care services reported mixed experiences of being assessed (Manthorpe et al. 2008). Negative statements about social workers included references to unhelpful attitudes, being more concerned about rationing services, and being too slow to respond to requests for help or, in some cases, not responding at all. By contrast, there were also positive examples of workers who had been found to be helpful, caring, trustworthy and responsive.



Social work assessment compared with assessments by others

Beresford (2007), Manthorpe et al. (2008), Penhale and Young (2015) all reported that service users and carers were sometimes confused about the professional background of the person who had assessed them. This highlights both a need for practitioners to be careful about explaining their role and for precision among researchers in recording people's experiences of social work and social care assessments.

The CAMELOT randomised trial (Stewart et al. 2004, Flood et al. 2005) was designed to compare older people living at home and their family carers receiving a social work assessment with those receiving an occupational therapist (OT) assessment. There were no differences between the two groups in the proportion of people remaining in their own home, costs, or clinical effectiveness. However, carers in the social work 'arm' experienced improvements in terms of how difficult they rated their situation at follow up while carers in the OT 'arm' had better quality of life scores. It was suggested that delays in completing occupational therapy assessments and in arranging adaptations meant that the carers in the OT arm were less likely to rate their situation as having improved. Set against this, those carers who did eventually receive an OT assessment then made greater use of primary care services. This may have contributed to them rating their quality of life as better. As mentioned earlier, these findings illustrate the conceptual, practical, and methodological challenges in separating out the process of assessment from the support that is provided.

Self-assessment compared with social work assessment

Beresford (2007) reported that many service users saw the social worker's role in assessment as to support them in making their own self-assessment drawing on an independent living and rights based approach to social work. Increasingly, social care departments have encouraged more self-assessments, partly in response to these aspirations and partly to ensure that the expertise of professionally qualified staff is used most efficiently.

Research by Clarkson et al. (2010) suggested that it was possible to differentiate between those circumstances in which self-assessment was sufficient and when a social work assessment might

be needed. They undertook a quasi-experimental study in which 100 older people referred to their council's assessment and care management service were randomly assigned into two groups; one group was assessed by a care manager while the other completed a self-assessment followed by assistance from self-assessment facilitators who had a National Vocational Qualification Level 3 qualification in social care. Satisfaction with the assessment process was similarly high across both groups. While the average cost of an assessment by a care manager was more expensive than self-assessment, the average costs of services the older people received were similar. The authors concluded that self-assessment could be cost effective for people whose support needs were comparatively low. However, where needs were more complex or statutory powers needed to be invoked, then assessment by a professional was needed.

Identifying people needing a social work assessment

Research undertaken in a large hospital in New York (Boutin-Foster et al. 2005) commented on the inefficiency of hospital discharge arrangements when social work referrals were only made after patients' medical issues had been addressed and they were ready to be discharged. In partnership with hospital social workers, the researchers developed a Social Work Admission Assessment Tool (SWAAT) that could be completed by medical and nursing staff with a patient on admission and used to identify whether a comprehensive social work assessment was likely to be needed. They concluded that the SWAAT appeared to be a reliable and valid tool and had the potential to save costs incurred by delayed hospital discharges but it did not appear to have been tested in any other settings.

Care management

Care management is a way of organising health and social care provision that emphasises the co-ordination of services so that service users experience them as being delivered as an integrated whole (Payne 2000). Originally developed in the United States, elements of the model can be observed in the long-term care systems of many countries, although there is considerable debate about the various virtues and defects of the numerous different examples that now exist (Jacobs et al. 2006). In the United Kingdom, the term 'care management' was adopted by policymakers



in preference to 'case management' because of the negative associations of the word 'case' with the medical model.

Care managers come from a variety of professional disciplines. One of the unintended consequences of the dominant emphasis on the role of care managers in statutory services in England in the aftermath of the *NHS and Community Care Act 1990* was that the role of social workers became increasingly obscured (Romeo 2014). Park et al. (2009: 694) made a similar criticism of research in the United States, commenting that 'because various activities have been bundled under the name of CM [care management] and only a limited number of studies have examined CM practice in detail, the evidence base needed to shape practice standardization is lean.'

The 15 studies included in this review (Marshall et al. 1995, Ford et al. 1996, Challis et al. 2002, Clark and Rich 2003, Dumaine 2003, Rutter et al. 2004, Clausen et al. 2005, Jacobs et al. 2006, Saleh et al. 2006, Cabassa and Hansen 2007, Smith and Frick 2008, Park et al. 2009, Young 2009, Pitt et al. 2013, Rizzo and Rowe 2014) only comprise a small proportion of the wider care management literature because there needed to be a specific reference to social workers before they could be included. There is another literature on social workers' experiences of working as care managers (for example, Postle 2001, Dustin 2007) which looks at social work practice and worker satisfaction but which was excluded from this review because it was not designed to examine causal links between practice, worker satisfaction, and effectiveness.

Consistent with the wider care management literature, studies reporting the most positive findings were those targeted on a highly specific client group, such as people with severe mental

health problems (Ford et al. 1996), older people with dementia (Challis et al. 2002), Latinos with depression who did not speak English fluently (Cabassa and Hansen 2007), and people with a dual diagnosis of mental health problems and substance misuse (Dumaine 2003).

Conversely, a trial of care management for people with substance misuse problems alone was less positive (Saleh et al. 2006). In the same way, a randomised control trial undertaken in the United Kingdom that included a more disparate group of people with mental health problems including those who were homeless (Marshall et al. 1995) reported less positive results than a similar study from the United States (Clark and Rich 2003) that concluded that a combined package of care management and access to support services was cost effective for homeless people with dual diagnosis of severe mental health problems and heavy substance misuse (Clark and Rich 2003).

More positive results seem to have been reported in studies involving people with enduring and severe mental health problems (Ford et al. 1996, Rutter et al. 2004, Pitt et al. 2013), homeless people with severe mental health and high substance misuse problems (Clark and Rich 2003), and older people with complex needs (Challis et al. 2002, Rizzo and Rowe 2014) than for other types of service user.

By contrast, a study based on responses from social care users and carers using internet discussion forums (Leece and Leece 2011) was more critical about their experiences of care management in England and the prospects for social work in the future. The sample was not representative in that it was recruited from people using internet forums. It differed from the studies cited above because it included a higher proportion of people with a physical disability

and few people with mental health difficulties or cognitive impairments. The extent to which these participants' views would be shared by those with a cognitive impairment or severe mental health problem and those who are digitally excluded would need to be explored further.

These examples in which highly targeted care management services aimed at a very specific group of people using services were deemed to be effective, contrast with the variation in which care management has been interpreted in the United Kingdom. In particular, it is comparatively rare to find a differentiated approach to ensuring that different levels of response are consistent with different levels of need (Jacobs et al. 2006).

Three of the studies included in the review seemed to be of particular relevance in suggesting that there is potential for new primary research on which approaches to care management are most effective among social workers working as care managers in adult services in England. The first (Challis et al. 2002) involved randomly allocating people with dementia to a community mental health team providing a case management service or a similar team without such a service. All the care managers were social workers (Challis et al. 2009). A range of improvements were observed for the group receiving care management services, including improvements in their overall levels of need and increased social contacts alongside decreases in the levels of stress among their carers. Initially, the costs of services for the care management group were higher but by the second year more of the care management group were still living at home.

The second (Rutter et al. 2004) involved randomising people using a mental health service into those receiving support from a social worker case manager attached to a multidisciplinary team and those supported by an external 'brokerage' case manager. There were no differences in costs or outcomes between the two groups but case studies identified inefficiencies and duplication of effort with the brokerage model. Interviews with team members also revealed their preference for a social worker attached to their team.

The third study (Jacobs et al. 2006) found that care managers in older people's and mental health services spent only a fifth of their time on face to face contact with clients. Care managers in older people's services also spent significantly more

time on tasks relating to assessment, including completing assessment documentation, and significantly less time counselling service users than their counterparts in mental health. However, an earlier study of care management in a mental health setting (Ring 2001) commented on the poor quality of case recording prior to the introduction of an action research project so it is important to recognise that good quality record keeping can be a measure of effectiveness, albeit not the only one.

All three studies suggest that evaluations of the effectiveness of social work cannot be separated from the social, political and organisational contexts in which care management operates (Payne 2000). They also illustrate the interconnectedness between the activities that care managers do, outcomes for service users and carers, and other aspects such as worker satisfaction (for example, Postle 2001). However, a study of this sort would be methodologically complicated and resource intensive.

Health care social work

As with care management, there is a much larger evidence base on hospital discharge and interventions aimed at reducing readmission rates, particularly among older people. While few of these studies report in detail if, and how, social workers were involved, it is still possible to identify a small but broadly favourable literature examining the effectiveness of social work in health care settings. Once more, studies undertaken in North America predominate.

Nine studies (Epstein et al. 1998, Beder 1999, Shah et al. 2001, Albert et al. 2002, Boutin-Foster et al. 2005: (see assessment section), Engelhardt et al. 2006, Townsend et al. 2010, Roberts et al. 2011, Boulware et al. 2013, O'Connell et al. 2013, Moore et al. 2014) looking at social work in health care settings were identified for the review.

The largest of these (Engelhardt et al. 2006) reported on the effectiveness of a geriatric evaluation and management (GEM) team in the United States over a four year period compared with usual primary care support for 150 veterans who were categorised as 'above average users' of Department of Veterans Affairs Medical Center (VAMC) outpatient clinical services. The team consisted of a social worker, nurse practitioner, and geriatrician. The people seen by the GEM incurred significantly lower overall health care costs than

those receiving usual care, mainly because they spent fewer days in hospital. The authors suggested that reduced inpatient use reflected the use of social work interventions to implement practices such as support for family carers, use of community based resources, and psychosocial support, and collaborative discharge planning with inpatient providers.

Two studies, also from the United States, reported comparatively low-cost interventions for people with various type of brain injury. In the first (Albert et al. 2002), social workers provided education and ongoing telephone support for carers of people discharged with conditions such as stroke. Carers receiving the social work intervention reported better outcomes in terms of coping with caring, quality of life and feeling in control compared with an earlier cohort of carers who had not had this service.

The second study (Moore et al. 2014) was based on the premise that, among all the people treated for mild traumatic brain injury after, for example, a sporting accident, there are a group who have longstanding psychosocial needs, perhaps associated with ongoing substance misuse problems. The social work intervention involved education about symptoms, coping strategies, the recovery process, decreasing alcohol use and providing follow-up guidelines and resources. At follow up, the group receiving the social work intervention had significantly reduced their alcohol intake from hazardous levels, and maintained their level of community functioning (for example, managing their finances and shopping). The authors acknowledged that their study would need to be replicated but commented that the initial results were promising.

Two other United States studies involved people with renal failure. In the first (Beder 1999), patients receiving dialysis were randomly assigned to groups in which they either received standard social work support or standard support with additional counselling from experienced renal social workers. While decreases in depression and psychological distress were observed in both groups over time, levels of depression and distress fell significantly quicker in the group receiving the additional counselling.

The second (Boulware et al. 2013) involved a randomised controlled trial of an educational intervention. People with chronic kidney disease

who discussed living donor transplants with a social worker alongside receiving a booklet and video were more likely to have discussed either the possibility of living kidney donation, identified a donor or achieved a living kidney donation at six months compared those who only received a video and booklet or routine care without a video or booklet.

A study from Israel (Epstein et al. 1998) was designed to identify psychosocial and discharge needs among older people admitted for orthopaedic surgery. The social work intervention primarily included information about, and referral to, community-based social work and health services and entitlement programs, coordination of ongoing care with sick fund providers and patient and family counselling on coping with surgery and disability. There was a trend for this group to have shorter lengths of stay when compared with those who received the standard 20 minute admission interview with a social worker but this was not statistically significant, perhaps because the levels of unmet need in both groups was considerable. The group receiving the intervention were also significantly more likely to rate social workers as helpful.

A Canadian study (Townsend et al. 2010) based on case audits of people referred to the social worker in a programme for people with cancer found that a high proportion of them had depression or other psychosocial problems and needed practical support. It concluded that social workers were uniquely placed to provide this combination of needs because of their ability to combine counselling with arranging practical support.

Roberts et al. (2011) surveyed older patients on a rehabilitation unit in Australia. Overall, they found a high level of satisfaction with the social work service, particularly in terms of the quality of, and access to, social workers and the interpersonal relationships that developed between them.

A Cochrane review of interventions to treat adults with complex pain (O'Connell et al. 2013) questioned whether an earlier review (Daly and Bialocerkowski 2009) which had concluded that a combination of physiotherapy and medical management was more effective in helping people with complex pain than medical management alongside social work information and advice was of sufficient quality to warrant this conclusion.



The final study (Shah et al. 2001) took place in London and involved comparing the length of stay and bed usage over a seven month period in an in-patient unit for older people with mental health problems in which a dedicated social worker who had a dedicated budget with which to arrange home care packages was available compared with an identical seven month period the year before. This concluded that the cost of the social worker was off-set by the reductions in the length of stay for people treated as in-patients.

Although the effects reported in these studies are variable in their size and some of the findings are mixed, they do suggest that interventions that involve a combination of social workers' counselling and information and education skills can be effective, especially for people with complex and longstanding health problems that may also involve psychological problems.

End of life care

By contrast with care management or health care social work where it is possible to find large scale experimental studies of effectiveness, a literature review of social work and end of life care (Brandsen 2005) commented that most journal articles were commentaries or based on descriptive research, although there were signs of a change to more empirically based work.

Seven studies (Brandsen 2005, Clausen et al. 2005, Beresford et al. 2006, McCormick et al. 2007, Agnew et al. 2008, Reese 2011) reported on social workers in end of life care. Consistent with Brandsen's (2005) finding, all these studies were based on surveys or interviews. However, while the views of service users and carers seemed notably absent from the review, which focused almost exclusively on North American research, three of the seven items included in this review were based on service user and/or carer views.

Responses to a survey of hospice directors in the United States (Reese 2011) suggested that social workers were playing a greater part in end of life care than in the past. Respondents considered that social workers were the professionals best placed to make referrals, provide counselling (including financial counselling), and improve individuals' and families' social support. However, a survey of hospital social workers (McCormick et al. 2007) found that respondents thought that the biggest barrier they faced in providing support to people in hospital at the end of their lives was heavy caseloads.

Three studies undertaken across the United Kingdom (Beresford et al. 2006), in Scotland (Clausen et al. 2005), and Northern Ireland (Agnew et al. 2008) all reported that participants had very limited access to palliative care social workers and were often unaware of what these workers did. Those who had seen palliative care social workers were extremely positive about their support, in contrast to their experience of other social workers where their experiences were more mixed and where continuity of support was identified as a problem. All three studies concluded that there was an unmet demand for palliative care social work, especially for skilled and knowledgeable practitioners who could offer continuity of social work support to people at the end of their lives and to their families pre and post bereavement.

The seventh study (Morrison et al. 2005) concerned the related topic of advance care planning. In a controlled clinical trial, social workers in nursing homes in the United States were randomised into a group receiving an educational intervention about the identification and documentation of preferences for medical treatments and on patient outcomes and a group receiving a training session on advance directives (the term used in the United States). Residents seen by social workers in the educational intervention group were significantly more likely to have their preferences about life sustaining medical treatments recorded.

Learning disability

A striking finding from this review was the apparent absence of empirical research about social work with adults with a learning disability. Just two reviews (Sims and Cabrita Gulyurtlu 2014, Tilley et al. 2015) were identified. Sims

and Cabrita Gulyurtlu (2014) cited the study by Leece and Leece (2011) in which some people with learning disabilities and their families questioned whether there was a role for social work in an era of personalisation. However, it is not clear how many of the people in the Leece and Leece study had a learning disability or cared for a person with a learning disability.

Sims and Cabrita Gulyurtlu (2014) also pointed out that, for others, personalisation represented an opportunity to reinvigorate social work with people with learning disabilities. Tilley et al. (2015) asked whether in environments in which safeguarding concerns took priority, where there was an increased use of agency and temporary staff who did not have time to build up relationships with individuals with a learning disability and their families, and where some social work settings were generic, resulted in some social workers lacking confidence and knowledge in their roles, especially in supporting people with challenging behaviours.

Older people

Twenty two of the included studies (Epstein et al. 1998, Challis et al. 2002, Rummery and Coleman 2003, Stewart et al. 2004, Boutin-Foster et al. 2005, Flood et al. 2005, Morrison et al. 2005, Challis et al. 2006, Engelhardt et al. 2006, Jacobs et al. 2006, Rizzo and Rowe 2006, Manthorpe et al. 2008, Simons et al. 2008, Smith and Frick 2008, Clarkson et al. 2010, Clarkson et al. 2011, Klemm et al. 2013, Milne et al. 2013, Xie et al. 2013, Gridley et al. 2014, Rizzo and Rowe 2014, Ray et al. 2015) included material on social work with older people. Most of these are discussed elsewhere in the review.

Milne et al. (2013), Ray et al. (2015) and Rizzo and Rowe (2006, 2014) have considered the effectiveness and cost effectiveness of social work

with older people. Almost all the studies to which they referred were undertaken in the United States. Notwithstanding this, they concluded there was good evidence for the cost effectiveness of social work with adults and for positive impacts on older people themselves in terms of their quality of life. Simons et al. (2008) reached a similar conclusion with the caveat that it was easier to demonstrate the evidence base for social work within the context of interdisciplinary teams than to show the contribution of social work as an individual discipline.

Smith and Frick (2008) undertook a large cost effectiveness study in the United States of older people using 'high dosage' versus 'low dosage' home and community based services (HCBS). The people receiving HCBS received a range of support including case management, personal care, assisted living, respite care, environmental adaptations, personal emergency response systems, and home delivered meals. The people using the low cost service received social work case management services plus personal care services. The authors concluded that high-dosage HCBS was not a cost-effective alternative and that the low-dosage alternative allowed for greater equity through provision of service to a larger pool of individuals in need.

The theme of ongoing professional support that emerged in the research on care management, end of life care and hospital social work also recurred in a study by Gridley et al. (2014). This reported on interviews with adults aged 18-64 with a disability, older people with severe and complex needs, family carers and members of 'specialist organisations' supporting them. While the policy emphasis is on personalisation as a way for individuals to direct their own support arrangements, participants stressed the need for ongoing professional support, for example, from a specialist key worker or care manager.

The question of whether ongoing support should be face to face or can be delivered over the telephone is one for which there is no definitive answer because no studies were identified for this review that compared the two. However, a participatory research project undertaken in the United States (Klemm et al. 2013) resulted in a not-for-profit agency in which social workers provided telephone support to older adults with cancer increasing its number of callers, their levels of satisfaction, and funding.



Since the community care changes there has been a tendency to ignore the role of social workers in supporting older people (Milne et al. 2013). However, the overall message from the material identified for this review is that there is potential for research based in England that investigates ongoing professional social work support as a component of social care support.

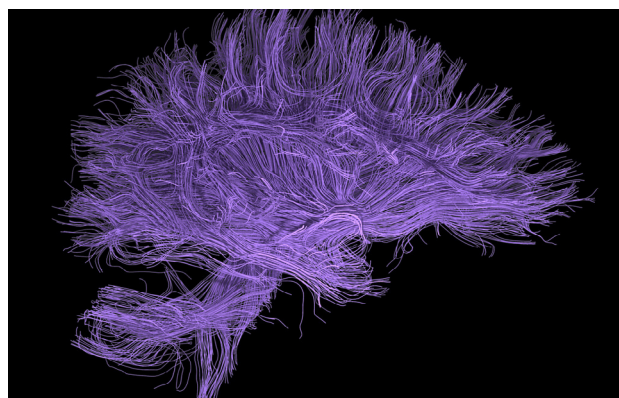
Mental health

Although mental health social workers comprise a large part of the adult social work workforce and many have additional statutory roles as Approved Mental Health Professionals (AMHPs), Best Interests Assessors (BIAs) and Independent Mental Capacity Assessors (IMCAs), the amount of empirical research examining the effectiveness of their roles in terms of the impact on service users and carers is limited.

Penhale and Young (2015) and Beresford (2007) reached similar conclusions that service users' wanted social workers who would show them respect and whom they could trust. In addition, Beresford (2007) contrasted some users' experiences of individuals whom they found helpful with their more negative perceptions of these individuals' organisations. Furthermore, he considered constant restructuring and the failure to 'ring fence' mental health services appeared to have resulted in reduced support from specialist mental health social work.

A further 12 studies (Marshall et al. 1995, Ford et al. 1996, Ring 2001, Clark and Rich 2003, Dumaine 2003, Rutter et al. 2004, Jacobs et al. 2006, Brouwers et al. 2007, Rubin and Parrish 2012, Pitt et al. 2013, Herman 2014, Rizzo and Rowe 2014) examined social work support for people with mental health problems. Most of these have already been discussed in the sections on care management and health care social work and reached broadly positive conclusions about the contribution of social work within multidisciplinary settings.

Herman (2014) described an approach rooted in assertive outreach known as Critical Time Intervention (CTI). CTI workers are typically social workers who provide additional support to people with enduring mental health problems at times of transition (for instance, rehousing formerly homeless people). Over a period of around nine months, the workers provided ongoing support



and helped people develop their problem solving skills and community networks prior to discharge. The model has been extended to work with people experiencing different types of transition (for example, moving from a domestic violence shelter). However, most of the evidence is based on small scale studies and, at the time of writing, only one clinical trial had been undertaken.

As mentioned earlier, there is a large literature on the effectiveness of cognitive behavioural therapy (CBT) or similar approaches for people with different types of mental health problem (for example, Gellis and Kenaley 2008, Kim 2008, Magill and Ray 2009, Smith 2011, Gingerich and Peterson 2013, O'Neal et al. 2013). However, as the professional background of the therapist is rarely mentioned, most of these had to be excluded from this review.

One small study of CBT for people with depression delivered by a social worker (Chen et al. 2006) found that participants' depressive symptoms and problem-solving appraisals were significantly improved after the intervention while a systematic review of interventions designed and delivered by social workers to help Latino people with depression reported broadly positive results (Cabassa and Hansen 2007).

Two other studies already discussed in the section on healthcare social work (Beder 1999, Boulware et al. 2013) reported that patients benefited from counselling from experienced social workers.

A study from The Netherlands (Brouwers et al. 2007), where social workers play a role in helping people with disabilities enter, or re-enter, the labour market found that social workers were not more successful in reducing sick leave duration for people with so-called 'minor mental health problems' than routine care from general practitioners. This was

possibly because the social workers were located within primary care and could not influence factors within the work setting. Alternatively, they were more inclined to see themselves as advocating on behalf of the service user and may have seen returning to paid employment as being a lower priority compared with other aspects, such as wellbeing. People in the social work intervention group were more satisfied but this did not translate into improved outcomes for them compared with those receiving 'usual' care.

A meta analysis of a type of counselling called motivational interviewing concluded that it produced small but notable benefits in most situations (Lundahl et al. 2010). Consistent with the finding reported earlier about the lack of detail on the professional background of people delivering interventions, the authors noted that the training and background of the person delivering the intervention were rarely reported in detail. However, a background in nursing, psychology, or social work did not seem to make much difference to outcomes.

Safeguarding

Despite its importance as one of the enduring core functions of social work practice, adult safeguarding has received comparatively little research attention. Most of this has been on structural arrangements and the creation of multidisciplinary partnerships rather than the effectiveness of social work practice within different types of arrangement. While the development of adult safeguarding policy and practice has prompted local authorities to develop specialist safeguarding roles, the implications

of this – especially in terms of effectiveness of practitioners – have not been extensively explored (Graham et al. 2016).

Beresford (2007) and Penhale and Young (2015: 15) reported that service users and carers can experience safeguarding as 'safety at the expense of other qualities of life, such as self-determination and the right to family life'.

As mentioned earlier, Ash (2013) suggested that social workers and their managers could sometimes develop low expectations about the quality of services and could become reluctant to challenge poor practice. She concluded that organisational cultures that both encouraged and expected professional and public challenge to the quality, resourcing and processes of safeguarding work were needed.

Daly et al. (2005) used secondary analysis of data held by Adult Protective Services (APS) in the United States to compare States that required APS case workers to hold a social work degree in their legislation with those who did not. While States which compelled APS workers to hold a social work qualification had higher safeguarding *investigation* rates for older people, there were no differences in the *substantiation* rates in these states compared with States who did not require APS workers to be social workers.

A slightly different picture was reported by Ernst and Smith (2012) who also analysed safeguarding secondary data to compare differences between investigations made by a nurse/social worker team compared with a lone social worker. They found that teams did appear to have some advantages in terms of investigation and substantiation rates but



these benefits did not appear to rise to a level that justified their additional cost when employed to all cases under investigation. They suggested that further work was needed to see when additional costs produced additional benefits in terms of identifying and rating risk.

Do different structural arrangements contribute to social worker effectiveness?

Earlier it was suggested that there was some evidence that factors such as heavy caseloads, perceived conflicts between employer and service user priorities, and undifferentiated approaches to care management might contribute to worker and service user dissatisfaction. However, their impact on outcomes for users and carers does not appear to have been investigated.

Manthorpe et al. (2014) tested the impact of arrangements that allowed local councils to delegate some of their roles assessing and arranging social care services to social work practice pilots. On the whole, the benefits of these changes appeared to be more evident for staff than for users and carers. One pilot reported that it had been able to speed up the process of implementing care/support plans but this was dependent upon their access to a devolved budget provided by the local council to arrange services for people living in the local area.

Integration of health and social care services is an important policy priority but few of the existing published studies discuss integration in terms of social work effectiveness. Many of the studies looking at co-location of social workers in primary care settings date from the 1990s and earlier and applies to a very different policy context (Glasby et al. 2013).

Cameron et al. (2014) concluded that joint working could lead to improvements in health and wellbeing and reduced inappropriate moves to acute care or residential care. However, the effectiveness of joint working could be diluted by: different attitudes and ways of working among professionals; lack of joint team meetings and training; repeated and rapid organisational change; and financial uncertainty. Social workers might be at greater risk of experiencing role conflict and stress because they were often the only social worker in an integrated team.

Rummery and Coleman (2003) also considered that interprofessional differences between health and social care workers need to be acknowledged and dealt with before services could be developed jointly. Xie et al. (2013) pointed to the limitations of survey data in investigating which types of organisational arrangement were more effective.

Glasby et al. (2013) concluded that co-location of social workers and other social care staff and primary care workers could contribute to better joint working but this was not guaranteed. If introduced, it needed to be accompanied by organisational development across both agencies that addressed mutual lack of understanding about each other's roles. Time was needed to implement changes such as these and there should be realistic expectations about what they might achieve. Existing research did not examine the potential costs and savings from these changes. It was also important to identify their impact upon service users as this is mainly absent from the existing literature.

The lack of robust evidence on the impact of the type and quality of organisational structures on social workers' effectiveness or indeed on demonstrable benefits for service users and carers is a reminder that organisational changes do not always have their roots in strong research evidence.

Substance misuse

Six studies discussed social workers' effectiveness in supporting people with substance misuse problems (Dumaine 2003, Saleh et al. 2006, Lundahl et al. 2010, Bride et al. 2013, Cree et al. 2014, Moore et al. 2014). Two of these (Dumaine 2003, Saleh et al. 2006) have been discussed in the section on care management. One is included in the health care social work section (Moore et al. 2014) while Lundahl et al. (2010) briefly refer to motivational interviewing for people with substance misuse problems.

Bride et al. (2013) sent questionnaires to counsellors in privately funded, community-based substance misuse treatment centres in the United States. They found that social workers had more positive attitudes toward evidence-based practice and the use of medications in substance misuse treatment than counsellors who did not have a social work qualification.

Cree et al. (2014) undertook a mixed methods study in Scotland that involved analysis of case records, participant observation and focus groups. They concluded that social workers were making a significant impact on service users' lives, by providing extensive practical support and guidance in life skills, as well as emotional and social support, within the parameters of a programme in which their key task was to help service users to regain control of their lives and then refer them on to other services.

Discussion

Limitations of this review

It is important to preface discussion of the findings by acknowledging that this was a small scale review with a broad remit. As discussed earlier, it is possible that it failed to identify potentially relevant material or that the evidence base on each of the topics covered in the review is less variable than it appears. Given the potentially large number of studies on each topic, there are opportunities for future work to consider if automated techniques, such as text mining, could increase the number of items selected for full text retrieval (Newman et al. 2012).

How effective is social work with adults?

The effectiveness of social work with adults has been measured in a number of different ways, including service user and carer satisfaction, changes to quality of life and wellbeing, cost effectiveness, and placement stability in terms of remaining at home or avoiding readmission to hospital. Studies by Moore et al. (2014), Albert et al. (2002), Challis et al. (2002) and Engelhardt et al. (2006) suggested that social workers' effectiveness was largely based on a combination of skills. These included assessment, knowledge about local resources, and the ability to provide counselling and/or ongoing support.

However, the extent to which social workers may be more or less effective than other professionals is more difficult to identify. Comparatively few studies of different types of organisational arrangement report the professional backgrounds of workers making up a team or report on which members delivered which interventions. This means that studies comparing social workers with other professionals (Stewart et al. 2004, Flood et al. 2005, Rubin and Parrish 2012) tend to report more equivocal results in terms of differences for people using services and carers.

It is important to note that social work with adults generally takes place in difficult circumstances when individuals and their families are under great stress and the potential for positive outcomes will always be limited. Estimates for the overall effectiveness of social work reported in a literature review (Mullen and Shuluk 2011) and a meta-analysis (Gorey 1996) ranged from two thirds in the former to three quarters in the latter.

The review found that studies of social work effectiveness with different types of service user varied both in their number and type. In some areas of practice, such as care management (for example, Challis et al. 2002, Challis et al. 2009) and comprehensive assessment for older people (for example, Engelhardt et al. 2006), it would be possible for future work to draw up a traditional hierarchy of evidence. In others, such as service user and carers views, greater consideration is needed of ways in which to synthesise evidence from studies that have used very different designs.

It was striking that the topic of health care social work, often neglected and seen to be under threat (Bomba et al. 2011), should have produced a number of comparatively low cost interventions reported to have positive benefits for patients and their families (for example, Beder 1999, Boulware et al. 2013, Moore et al. 2014) in North American settings. The extent to which similar results would



be produced in a British context needs to be debated but is worthy of further examination.

The high ratings given to palliative care social workers and the unmet demand for their services among people living in the United Kingdom was another finding worth highlighting (Clausen et al. 2005, Beresford et al. 2006, Agnew et al. 2008). The strength and clarity of these viewpoints contrasted with the experiences of many other service users who, despite their desire for the ongoing consistent support (Beresford 2007, Manthorpe et al. 2008, Gridley et al. 2014, Penhale and Young 2015), were often uncertain whether they had seen a social worker or another social care professional.

The evidence base on social work with people with learning disabilities and on mental health social work (as opposed to multi-disciplinary teams including social workers) seemed to be very limited but more work would be required to identify if this reflected problems with the searches or if it reflected an underlying limitation in the evidence base for these specialisms.

Research capacity in social work

Despite some overall positive findings, the limited scale of research on social work with adults, both in terms of the topics covered and its capacity to produce generalisable results also needs to be addressed. Several explanations have been offered for this situation, of which perhaps the most important from the viewpoint of social work research in settings within the United Kingdom is the limited funding base for social work research and the comparatively small size of the social work research workforce (Bywaters 2008, Orme and Powell 2008, Sharland 2012, Moriarty et al. 2015b).

The potential to support more social work practitioner research and identify how much input on social work qualifying and post qualifying programmes on developing research skills is a further consideration, but one which is outside the remit of this review.

At the same time, it is also important to acknowledge the complexity of many social work activities that are not suitable to traditional techniques for measuring effectiveness, such as randomisation (Wallander 2012). There were signs of an emerging debate about improving



methodologies by which social work effectiveness might be measured (for example, Simons et al. 2008, Wells and Littell 2009, Nugent 2011, Cree et al. 2014).

Social work involvement in clinical trials

While the need for social work research to improve its methodological rigour was an important theme of the material included in this review, there were also calls for those running large scale multidisciplinary clinical trials to include a social work perspective more often (for example, Preyde et al. 2009). This would, it was suggested, help research teams consider the underlying reasons why some interventions, such as health screening (Corcoran et al. 2012) or improving reoffending rates (Tripodi et al. 2011), had been less successful than anticipated.

The role of academic social work journals

Limited research capacity may be a partial explanation for the viewpoint that some academic social work journals (Holosko 2010), need to do more about including more research based articles in their content. A difference has been observed between European (including the United Kingdom) and United States published social work journals, with the former carrying a much higher proportion of non research articles than the latter (Kreisberg and Marsh 2015).

In other circumstances, commentaries would not be included in a literature review, particularly a systematic review, but a high proportion of studies retrieved for this review were commentaries on social work effectiveness or discussed why it was a contentious topic. While non-research articles clearly offer many theoretical and policy insights that help illuminate empirical findings, there is scope for debate about why this imbalance exists and whether it needs to change.

A surprising finding from the review was the number of individual studies and research reviews published in social work journals that were very imprecise about the extent of social work involvement. There are clearly circumstances in which non-social work research can illuminate social work theory and practice, especially in the impact of new policies or emerging approaches to treatment where a specific social work evidence base has yet to emerge, but it did raise questions about whether a stronger editorial line might improve the detail with which studies about social work are reported.

As an example of this, a review of cognitive behavioural and short term psychodynamic therapies published in a social work journal (O'Neal et al. 2013) was based on 13 publications that met their inclusion criteria for inclusion. The review concluded that:

... all undergraduate social work degree programs [in Australia] should incorporate recognised training in CBT, STPT, or other evidence-based psychotherapies as a core part of the curriculum and as a mandatory requirement for course completion (O'Neal et al. 2013: 209).

However, a close reading of all the individual studies included in the review found that in some instances, as Dumaine (2003) has also observed, the professional background of the person delivering the intervention was not reported. In others it became clear that the therapists were psychologists, psychiatrists, or students. Just one (Chen et al. 2006) made it clear that the therapists were social workers. It seems strange to comment on the social work qualifying curriculum without clearer evidence about which professionals are best placed to deliver the intervention.

The extent to which academic social workers produce content that is relevant to the needs of practitioners also needs to be considered. Fraser (2004: 212), writing from a North American perspective, cited research by Rosen et al. (1999) which calculated that 863 of 1849 journal articles published between 1993-1997 were about research. However, he noted that only 53 of all the intervention studies Rosen et al. (1999) identified (averaging out as less than a dozen per year) were described in enough detail that a practitioner might be able to replicate them.

Priorities to improve social work effectiveness research in England

Much of the research on which this review is based was undertaken in the United States, raising issues about the transferability of the results. However, over half of the 51 examples of primary research included in this review were undertaken in the United Kingdom, mostly in England. By contrast, almost all the systematic reviews and meta analyses were undertaken by researchers in the United States, with two exceptions (O'Connell et al. 2013, Cameron et al. 2014). This may reflect a combination of methodological preferences and lack of funding but there would appear to be a need to identify why this difference exists.

The ongoing policy of fiscal austerity means that new large scale funding for research evaluating social work effectiveness is unlikely. It may be more practicable to identify whether there are studies with different but rigorous research designs that might help add to the evidence base. A surprising finding from the review was the comparative shortage of studies using routinely collected data – just two studies (Daly et al. 2005, Park et al. 2009), neither of which were undertaken in the United Kingdom. In the same way, just four items included in the review (Ring 2001, Townsend et al. 2010, Ernst and Smith 2012, Cree et al. 2014) included case audit as a data source. There is clearly potential to re-analyse existing data sets collected by researchers or to look at records held by organisations to identify whether they contain any material that could be used to explore social work effectiveness in more detail.

An emerging debate in studies of effectiveness is the question of treatment fidelity: the extent to which replicated interventions are implemented in ways that capture the elements that made it successful originally. Naleppa and Cagle (2010) identified a lack of attention to treatment fidelity in social work research. A striking finding in research about social work is the difference between results from pilots looking at personalisation (Netten et al. 2012) or care management (Challis et al. 2002) and those from studies exploring what happens when these interventions are mainstreamed (Jacobs et al. 2006, Beresford 2007). The question of treatment fidelity might help explain the paradox often reported by practitioners on the positive effects reported by researchers that seem to contrast with their own experiences in practice.

McVicar et al. (2012) noted the comparative lack of popularity of action research in social work compared with nursing. There might be, perhaps, opportunities to explore if greater methodological variety in social work research might be one means of ensuring that practitioners and service users and carers can play stronger roles in research on social work effectiveness and if greater consensus can be reached about what constitutes a 'desirable' outcome.

It is important to conclude that scoping reviews do not provide enough evidence on which to make policy decisions, mainly because the existence of studies is not enough to justify decisions without further consideration of their quality. However, this review has highlighted areas that have been more extensively researched than others and indicated what types of research designs have been adopted. These will, it is to be hoped, be helpful in deciding where priorities for undertaking more in depth reviews and in commissioning new research might best be directed.

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Appendix: Summary of studies included in review

References are presented in the following order by topic and year of publication: research involving all service user groups; assessment; care management; commissioning; counselling; end of life care; health care social work; integration; intimate partner violence; learning disability; mental health; older people; personalisation; rehabilitation; safeguarding; substance misuse. There is some overlap within topics.

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Gorey	1996	Review	All (including social work with children)	Meta-analysis of 88 studies published 1990-1994	Overall, social work interventions are effective; three-quarters of the clients who participate in social work interventions do better than the average client who does not. While internal evaluations tended to report more positive effects than external ones, the difference between them was not as large as anticipated	Calculated an effectiveness index (r) based on factors such as sample size, design, and intervention type of the included studies
Gorey et al	1998	Review	All (including social work with children)	Meta-analysis of 45 studies published 1990-1994	Looked at effectiveness of different interventions based on theoretical basis of intervention. Cognitive-behavioural interventions were three times as common as other interventions but did not seem to be any more effective. There was a non-significant trend for radical social work interventions to be more effective in some circumstances	Calculated an effectiveness index (r) based on factors such as sample size, design, and intervention type of the included studies
Rosen et al	1999	International review	All (including social work with children)	Reviewed articles in 13 journals published 1993-1997	Concluded that most research published in these journals was descriptive, and that few studies were based on intervention research. The methodological flaws in much of these studies detracted from their ability to influence practice	Distinguished between ‘ultimate’ outcomes – extent to which treatment met its goals and ‘intermediate outcomes’, the preconditions or facilitators of the ultimate outcomes
Trevithick	2003	England	All (including social work with children)	Commentary analysing importance of relationship based practice	Dates decline in importance given to relationship based practice from the falling out of favour of casework approaches in 1970s. Service-user and practitioner relationship is increasingly seen in procedural, legal and administrative terms and not as indicator of practice effectiveness. Calls for social workers to be able to create active partnerships with service users	
Musil et al	2004	International review	All (including social work with children)	Uses 4 studies as exemplars for examination of Lipsky’s concept of street level bureaucracy	Asks if social workers establish patterns of behaviour that enable them to avoid dilemmas of their work – for example, by expressing their powerlessness in the face of lack of services rather than confront managers	
Reid et al	2004	Review of studies published in US journal	All (including social work with children)	Narrative review of 39 studies (25 RCTs and 14 quasi experimental) in which social workers had a primary or major role in the development or direction of the programme and were targeted to problem prevention or client services	Although some studies were based on comparatively small samples, a high number were able to demonstrate differences between groups as a result of the intervention. The intervention usually consisted of a component (e.g. self-help manual) plus increased practitioner time. There is potential to look at this more closely to establish an evidence base for the ‘treatment of choice’, instead of a choice of treatments	Outcomes varied between studies but included self-esteem of programme participants, quality of relationships, alcohol use, school attendance
Beresford	2007	England	All (including social work with children)	Commentary	Most service users are unclear about the nature of the social work role and fewer have experience of social work support but their vision of what they want from social workers differs from that often found in professional and academic discourses. Service users want a ‘hands on approach’ rather than being a referrer to other agencies. They value social work practice which addresses both their personal, psychological needs and the broader issues and problems that face them. They see these two aspects of their lives as closely bound and inseparable	User views

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Mullen & Shuluk	2010	United States	All (including social work with children)	Seven reviews retrieved from the US Evidence Database on Aging Care (EDAC)	Conclude that there is now a large body of evidence supporting the effectiveness of a wide range of social work interventions with a wide range of social problems and populations. Approximately two-thirds of clients served by social workers benefit in measurable ways. These positive outcomes remain, even after controlling for publication and investigator bias	Varied across studies
Rubin & Parrish	2012	International review	All (including social work with children)	Literature review based on 37 studies of social work in different settings	Concluded that evidence base for all types of social work was limited and that findings were mixed, with more positive reports for mental health and gerontological social work findings than for social work in child protective services. Concluded that mental health and gerontological social workers do at least as well as non-social workers regarding practitioner retention, mental health court intervention, efforts to maintain older adult independence in the community, and attitudes toward evidence-based practice	Outcomes for clients (service users), practitioner retention and burnout, practitioner knowledge, and skill, evaluations of practitioner performance, and practitioner attitudes, comparisons with other practitioners
Penhale & Young	2015	UK review	All (including social work with children)	Literature review identifying what service users, family carers, and the general public think about social workers	There can be considerable confusion about what constitutes ‘social work’ and what social workers do. Older people generally have negative views of social work and social workers prior to direct experiences with social workers themselves. Good social workers are seen as those who are helpful, caring, trustworthy, responsive, reliable, accessible, supportive, sympathetic, kind, warm, compassionate, sensitive, empathic, thoughtful, non-judgemental, friendly, committed, good communicators, service user/carer-centred and prepared to listen. People valued their personal relationships with social workers but also wanted them to be efficient	User views
Chan & Holosko	2016	International review	All (including social work with children)	Systematic review of information and communications technology (ICT) social work interventions	Identified 17 studies (5 aimed at adults) using a range of interventions, for example, an online support group. Concluded that ICT usually enhanced social work interventions but that more work was required to identify how best to measure effectiveness	Varied across studies
Smith et al	2013	Scotland	All (restricted to those whose involvement with social work services is mandated by law)	Evaluation of knowledge exchange (KE) scheme between six local councils and a university using observation notes, questionnaires, flip chart material	Effective social work and effective KE require that attention is directed towards the ‘softer’, more intuitive and relational aspects of these two areas of practice, rather than towards hierarchical and instrumental means of creating change	Used contribution analysis to identify changes made as a result of programme. Changes mainly identified through self-report
Manthorpe et al	2014	England	All adult	Mixed methods study of six social work practice pilots	Variation in the pilots and subsequent major organisational changes within them made it difficult to judge overall effectiveness, as measures or outcomes were not standard and ambitions were modified during the course of the pilots. Users valued being ‘known’ to a social worker and the social workers’ personal qualities such as empathy and warmth	User views, costs, staff burnout
Stewart et al 2004 (see Flood below – same study)	2004	England	Assessment of older people	RCT of 321 older people living at home and 113 carers. They were randomly assigned to receive either a social work or occupational therapist led service	There was no clear difference in patient-centred effectiveness measures between occupational therapists and social workers in assessing frail older people and their carers in the community except that at follow up difficulty ratings for carers in the social work ‘arm’ had fallen while carers in the OT ‘arm’ had better quality of life scores	Dependency, quality of life, stress for service users); carer assessment of difficulty, quality of life, stress
Flood et al (see Stewart et al above – same study)	2005	England	Assessment of older people	Cost effectiveness alongside RCT comparing costs and outcome of occupational therapy (OT) led assessment with social worker (SW) led assessment of 321 older people over 8 months	There was no difference between the OT and SW assessments in terms of cost and clinical effectiveness. Both are successful in making care assessments that enable older people to remain in their own home. Contrary to commonly held views, it has been shown that the care costs of formal inpatient care for frail and dependent older people can be lower than supportive care provided in a person’s home. However carers in the OT group had better reported quality of life	Cost effectiveness, older people’s quality of life & dependency, carers’ quality of life

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Clarkson et al	2010	England	Assessment of older people	Quasi-experimental study in which 100 older people referred to council's assessment and care management service were randomly assigned into two groups; one group were assessed by a care manager (n=46) while the other group completed a self-assessment followed by assistance from self-assessment facilitators who had NVQ 3 qualification in social care (n=56)	The average cost of an assessment by a care manager was more expensive than self-assessment but the average costs of services the older people received were similar. Satisfaction with assessment was similarly high across both groups. Self-assessment can be cost effective for people whose needs are comparatively low. Where needs are more complex or statutory powers may need to be invoked, a 'professional assessment' becomes justified (p2269)	Cost effectiveness, user satisfaction
Clarkson et al	2011	England	Assessment of older people	Reanalysis of data from RCT of integrated assessment between specialist clinicians and social services care managers in England to examine costs and benefits of integration (237 cases)	Integrated health and social care assessments made it more likely that only the frailest individuals entered care while delaying care home admissions overall	Admission to care home, changes in physical functioning, behaviour, cognitive function, depression, social networks, and self-rated health
Jacobs et al	2006	England	Care management	Time diaries completed by 61 care managers working with older people and 38 care managers for people aged 18-65 with mental health problems in six localities	Care managers in older people's services spent significantly more time on those tasks relating to assessment and significantly less time counselling service users than their counterparts in mental health. Older people's care managers spent significantly more time in direct contact with carers. Care managers in older people's services spent considerably more time completing assessment documentation. Only a fifth of care managers' time in both specialisms was spent on face to face contact with clients. Concludes systematic evaluations of relative effectiveness of different care management arrangements and aspects of care managers' workload needed in terms of outcomes for service users and their caregivers	Comparison of time diaries
Young	2008	United States	Care management	In-depth interviews with 20 case managers (nurses and social workers)	Both professions can contribute to case management role. Emphasised role of both as advocates for their clients	NA
Park et al	2009	United States	Care management	Secondary analysis of survey responses from 6,340 care managers	Compared activities of nurse and social work care managers and rehab counsellors. There was a common core of activities e.g. assessment and co-ordination but others were more associated with each profession. Social work-specific activities were those that focused on patients' and their caregivers' social and financial issues and used community resources. Saw nurses/social workers roles as complementary	Work activities
Challis	2002	England	Care management (dementia)	Quasi experimental study in which 43 people receiving a case management service were compared with 43 people seen by a similar team without such a service	For the experimental group significant improvements in the social contacts of older people were noted; a decrease in the stress of their carers was observed, together with a reduction in their input to the care of the client; and there were significant improvements on ratings of overall need reduction, aspects of daily living and level of risk. Differences between the two groups based on service receipt showed higher costs for the experimental group but by the second year 51% of the experimental group were still living at home compared with 33% of the comparison group compared with 33% of the comparison group. The most effective case management interventions are those targeted on a highly specific client group	Cost effectiveness, admission to long term care, dependency, social contacts, depression, carers input and quality of life
Saleh et al	2006	United States	Care management (substance misuse)	Clinical trial of different approaches to case management compared to usual treatment	Case management was no more effective than the usual treatment (unspecified) in terms of reducing substance misuse or cost effectiveness. Suggest that trusting and strong relationship built between the case manager and the client which help client make changes takes time to develop and may not be observable over a one year period	Cost effectiveness, addiction severity

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Rutter et al	2004	England	Care management mental health	RCT in which 26 people using a mental health service were randomised into a group receiving support from a social worker case manager attached to the team and those who were supported by an external 'brokerage' case manager	There were no differences in costs or outcomes between the two groups but interviews with workers revealed their dissatisfaction with the brokerage model, and case studies identified inefficiencies and duplication of effort. Recommended that brokerage model was discontinued	Cost effectiveness, functioning and symptoms, user satisfaction, service utilisation, including admission rates
Ford et al	1996	England	Care management mental health (social workers in team and social work team leader)	Matched groups comparison of 47 people receiving case management and control group of 47 people in neighbouring area who received standard service	Over an 18-month period the case managed group had improved social functioning, better perceived social support, and behaved less riskily less risk behaviour. Their involvement in social activities was increased. Improvements in mental state and subjective quality of life occurred but were non-significant when compared to the control group	Quality of life, psychiatric symptoms, life skills
Newman et al	2007	Review	Commissioning	Systematic review identifying 149 studies dealing with social care commissioning. Final review included 96 studies across health, social care, education	Practitioners (for example GPs and social workers) need to be involved in the commissioning process	Impact of joint commissioning on costs, efficiency, service user outcomes, team/organisational management and partnership
Lundahl et al	2010	Review	Counselling	Meta analysis of 119 studies (132 group comparisons)	Concluded that motivational interviewing produced small but notable benefits in most situations. The training and background of the person delivering the intervention was rarely reported in detail but professional background (nursing, psychology, social work) does not seem to make much difference	Outcomes varied across studies but usually based on reductions in distress and/or behaviour changes
Brandsen	2005	International review with focus on North America	End of life care	Narrative review focusing on roles and activities of social workers in providing end-of-life care, core principles valued by social workers in the provision of end-of-life care, and barriers to social work provision of effective end-of-life care	Social workers' empirical documentation of their critical roles and responsibilities in end-of-life care is weak. Most articles are descriptive or commentaries but there are signs of a change to more empirically based work	Varied – few studies examine outcomes for people at the end of their lives and their families
Clausen	2005	Scotland	End of life care	Qualitative study involving 219 interviews with patients with inoperable lung cancer and end stage cardiac failure, family carers, and professionals	Social workers were conspicuous by their absence from those taking part in the study. Patients and carers reported problems with arranging practical support, having someone to advocate for them. Concluded that access to palliative care social worker who could combine counselling with practical help would have helped these patients and their families	User views
Beresford et al	2006	United Kingdom	End of life care	Qualitative interviews with 111 people either individually or in groups	Access to palliative care social work services is very limited. Before meeting palliative care social workers, participants held negative views of social workers, either as a result of media reports or negative earlier contact. Service users appreciated the wide range of support social workers offered, including counselling and advice, practical help, advocacy, individual and group work, tailored to match their individual needs and preferences. They valued the informal, participative approach to practice adopted by social workers and valued quality of relationship with them	User views

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
McCormick	2007	United States	End of life care	Survey of 20 social workers (84% response rate) assigned to people who had died the previous week in a hospital	Talking about the family's feelings and providing support for decisions made by the family were the most frequent activities provided by social workers; both were positively associated with the social workers' satisfaction with meeting families' needs. A heavy patient caseload was one of the most common barriers to care identified by social workers. Concluded social workers combined multiple practical and counselling roles and that further work could help establish which activities families valued most	Self-report
Reese	2011	United States	End of life care	National survey of hospice directors (n=43). Only four of the directors were social workers – most were nurses	Directors identified 12/24 tasks in which they thought social workers best placed to be the lead professional (e.g. making referrals, counselling, improving social support, financial counselling). Concluded social workers' roles in hospices have expanded and qualifying curriculum needs to reflect this	Professional views
Agnew	2008	Northern Ireland	End of life/ bereavement services	Interviews with 10 surviving spouses of people who had died from cancer	Mixed response from participants about the nature and quality of social work support, mainly because it was not offered consistently to all participants. Feedback from those who had received post-bereavement support from social work staff was unanimously positive. Findings indicated that social workers were reliable, available and that continuity of worker pre- and post-bereavement was valued	User views
Epstein et al	1998	Israel	Health care social work	Modified post-test design in which 100 orthopaedic surgery patients aged 65 and over randomly allocated to psychosocial intervention (n=43) and routine social work groups (n=57)	Overall patient satisfaction across the two groups was high but the group receiving the psychosocial intervention had significantly higher levels of satisfaction with social work support and rated social workers as being more helpful. Levels of unmet need were high across both groups. There were no significant differences in length of stay or readmission rates, although there was a trend towards shorter lengths of stay in the group receiving the psychosocial intervention	Functional disability, length of stay and readmission, satisfaction with social work support, helpfulness of social worker
Beder	1999	United States	Health care social work	Experimental study in which non-equivalent groups of people receiving dialysis were randomly assigned to groups in which they either received standard social work support or standard support and additional counselling. All of the workers were experienced renal social workers having had an average of 6-12 years of practice on a renal unit	Both groups experienced decreases in depression and psychological distress over time but these levels fell significantly quicker in the experimental group	Levels of depression and psychological distress
Boutin-Foster et al	2005	United States	Health care social work	Two stage development (n=299, n=200) of Social Work Admission Assessment Tool (SWAAT) to identify people with complex discharge needs needing a social work assessment.	Standardising concept of who 'needs' and assessment can help communication in multi-disciplinary teams. May help people's understanding of why they are being referred	Psychometric qualities of tool designed to identify people needing social work assessment

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Engelhardt et al	2006	United States	Health care social work	RCT in which people enrolled in an outpatient 'geriatric evaluation and management' (GEM) programme (n=80) were compared with those receiving usual primary care (n=80). The GEM team consisted of a social worker, nurse practitioner, and a geriatrician. The social worker's primary functions were to help older people and family carers with psychosocial problems and to coordinate team care	GEM patients incurred significantly lower overall health care costs than UPC patients. Cost savings were due primarily to fewer hospital days of care. No significant differences were found in survival. Suggested that reduced inpatient use reflected use of social work interventions to implement practices such as support for family carers, use of community based resources, and psychosocial support interventions, and collaborative discharge planning with inpatient providers	Cost effectiveness, survival, wellbeing, depression, level of independence
Townsend et al	2010	Canada	Health care social work	Retrospective case audit of files of people referred to social worker in the interdisciplinary Cancer Nutrition Rehabilitation programme	A high proportion of people enrolled in the programme had depression or other psychosocial problems and needed practical support. Concluded social worker uniquely placed to provide this combination of needs	Case audit
Roberts	2011	Australia	Health care social work	Survey of 73 (64% response rate) in-patients receiving rehabilitation for a range of conditions (e.g. stroke)	Overall views of the social work services were mixed but with considerable more favourable than unfavourable views. They valued most the interpersonal aspects of the social work service (e.g. helping them adjust to condition, understanding their concerns)	User views
Boulware et al	2013	United States	Health care social work	RCT in which participants randomly received: routine care with their nephrologists (n=44), TALK video and booklet (n=43), or TALK social worker intervention of video and booklet plus patient and family social worker visits (n=43). Aim was to improve discussion about living donor kidney transplants	People receiving the social work intervention were more likely to have discussed either possibility of living kidney donation, identified a donor or achieved a living kidney donation at 6 months	Discussions about living kidney donation, identifying, a potential donor or receiving a living donation. All groups were concerned at effect on family friends (feelings of guilt, coercion etc.) and this remained the same across all groups
Albert et al	2002	United States	Health care social work & carers	Compared cohort of carers of people with brain injury (n=72) receiving social work intervention which included carer assessment, information and telephone support compared with 'historical' cohort of carers of people discharged over previous year	Carers receiving the social work intervention reported better outcomes in terms of coping with caring, quality of life, feeling in control. Concluded that having a relationship with a particular social worker before discharge enhanced the telephone contact because families already knew and trusted particular them	Carer difficulties and satisfactions, carers' perceptions of mastery or control, carer quality of life

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
O'Connell et al	2013	Review	Health care social work (pain management)	Overview of 19 systematic reviews	Low quality evidence suggests that physiotherapy or occupational therapy are associated with small positive effects that are unlikely to be clinically important at one year follow up when compared with a social work 'passive attention' control	Pain, disability and adverse events. Secondary outcomes were quality of life, emotional well being and participants' ratings of satisfaction or improvement
Moore et al	2014	United States	Health care social work (substance misuse)	Clinical trial in which people discharged from an emergency department after mild traumatic brain injury were allocated to a social work intervention (n=32) or usual care (n=32). Intervention involved advice and education about recovery	Both groups reported hazardous pre drinking prior to admission but at 3 month follow up, those receiving the social work intervention were drinking less. They maintained their previous levels of community functioning while the control group's declined. Almost all those receiving the intervention found it helpful	Alcohol use, community integration, depression and patient satisfaction
Smith & Frick	2008	United States	Home and community based support	Cost-effectiveness study in which clients on high cost and low cost home- and community-based services (HCBS) schemes (263 clients receiving high cost HCBS services and 541 on waiting list were compared with 204 clients and 120 on waiting list for low cost HCBS	People using the high cost HCBS services received a range of support including case management, personal care, assisted living, respite care, environmental adaptations, personal emergency response systems, and home delivered meals. The people using the low cost service received social work case management services plus personal care services. Findings indicated that high-dosage HCBS is not a cost-effective alternative. The low-dosage alternative allows for greater equity through provision of service to a larger pool of individuals in need	Cost utility analysis, quality of life, quality adjusted life years (QALYs)
Cameron et al	2014	Review (UK research only)	Integration	Systematic review of 46 studies of integrated services for older people or people with mental health problems	Joint working can lead to improvements in health and well-being and reduce inappropriate admissions to acute care or residential care. Intermediate care can save costs. However, the effectiveness of joint working can be diluted by: different attitudes and ways of working among professionals; lack of joint team meetings and training; repeated and rapid organisational change; and financial uncertainty. Social workers may be at greater risk of experiencing role conflict and stress because they are often the only social worker in an integrated team	Outcomes for service users, way services organised and impact on staff satisfaction and stress
Rummery & Coleman	2003	England	Integration and commissioning	Mixed methods study consisting of survey of representative sample of primary care groups (15%) and in-depth interviews with stakeholders in four areas	Informants felt that main means by which integration of health and social care services would be achieved was through joint training and restructuring. Concluded interprofessional differences between health and social care workers need to be acknowledged and dealt with before services can be developed jointly	Perceptions of health and social care managers
Glasby et al	2013	UK review	Integration and commissioning	Scoping review of relationship between primary care and adult social care and interviews with stakeholders	GPs and social workers often do not understand the other profession's unique role, responsibilities and perspectives. Interprofessional education is one way in which this might be helped. Good relationships take time to develop and relationships 'on the ground' are as important as those at commissioning or strategic level	Highlights absence of data on effectiveness and cost effectiveness
Trabold	2007	Review of US published studies	Intimate partner violence	Narrative review of 10 studies (1 experimental, 4 quasi experimental and 5 non-experimental	Screening improves the identification of intimate partner violence. In one study, higher rates of disclosure of intimate partner violence were made to a social worker	Disclosure and detection rates

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Sims & Gulyurtlu	2014	UK review	Learning disability	Scoping review about role of social workers supporting personalisation for people with learning disabilities	Few outcome studies measuring the impact of the personalisation agenda have specifically looked at people with learning disabilities. One study suggested social workers were not needed with personalisation. Concludes more research is needed to explore this area	
Tilley et al	2015	Predominantly UK review	Learning disability	Literature review	Social workers may not have experience in supporting and communicating with people whose behaviour is described as challenging. This may be a barrier in identifying poor practice, arranging suitable placements, and deploying techniques such as Positive Behavioural Support (PBS). Resource constraints requiring safeguarding concerns to be prioritised, an increased use of agency and temporary staff, and the generic nature of some social work settings mean that social workers do not some social workers do not always feel confident and informed in their roles	User and family carer views
Marshall et al	1995	England	Mental health	RCT of 80 (40 in each group) people with mental health problems who were homeless or at risk of homelessness. Intervention group allocated to care manager service	At 14-month follow-up, there were no significant differences between groups in number of needs, quality of life, employment status, quality of accommodation, social behaviour, or severity of psychiatric symptoms. In the case-management group there was an improvement in behaviour but authors concluded that care management system should not have been introduced without more RCTs	Psychiatric symptoms, behaviour, quality of accommodation, employment status, needs for social care, admission to mental health unit for in-patient treatment
Ring	2001	England	Mental health	Action research quality improvement project in mental health social work teams employed in an anonymous local council	Case audits showed social workers had become better at recording service user views. However, there was much less evidence of greater client involvement in planning their care. Suggested this was because there were more external pressures to improve care recording (e.g. regulators). Also, it is easier to achieve improvements in recording than in involving service users in their care	Case audit
Pitt et al	2013	Review	Mental health	Systematic review of 11 RCTs comparing statutory mental health services with and without consumer-provider roles (e.g. advocates, case managers) as part of the service	There was no difference in quality of life, mental health symptoms, and satisfaction with services between those who received care from consumer providers and those who did not but the outcome data collected was limited. Descriptions of the components of each intervention were limited. Authors must assess and report the quality and fidelity of interventions in order to adequately consider clinical and statistical heterogeneity across trials. This will make it easier to disentangle effects of consumer providers from the overall effects of the service	A range of outcomes for service users, including depression, mental health symptoms, quality of life and satisfaction with services. NB the professional background of the case managers is not recorded
Cabassa & Hansen	2007	Review of US studies	Mental health (depression and under-representation)	Systematic review on 9 articles about four large RCTs (range 199-1801) in which White, Latino and African American people with depression were assigned to an intervention group or 'usual care'. The interventions mainly consisted of anti-depressants and/or CBT. In one study, participants were offered a case management service to help them access other services. Social workers were involved in planning and delivering the interventions	Across the trials, collaborative care models were more effective than usual care in reducing depression and improving functioning and accessibility. The case management approach was helpful for participants who only spoke Spanish. Two trials were reported to be more cost effective	Levels of depression and rates of remission, cost effectiveness. use of recognised depression services, satisfaction with care

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Chen	2006	United States	Mental health (depression)	30 people with depression received a group cognitive behavioural therapy (CBT) intervention delivered by a Masters level social worker	Participants' depressive symptoms and problem-solving appraisals were significantly improved after the intervention	Depression and problem solving appraisal
Dumaine	2003	Review	Mental health (dual diagnosis substance misuse)	Meta analysis of 15 experimental and quasi experimental studies	There were no statistically significant correlations between practitioner training or practitioner-to-client ratio and effect size. The greatest effect size was associated with intensive case management. A small positive effect size was found for standard aftercare with outpatient psychoeducational treatment groups. Not enough information on professional backgrounds and experience of professionals providing the intervention was reported	Outcomes varied across studies but included attendance/ drop-out rates, psychiatric symptomatology, quality of life, and satisfaction
Herman	2014	United States	Mental health (homelessness mainly)	Account of two studies looking at Critical Time Intervention (CTI), an approach rooted in assertive community outreach which mainly aims to support people with mental health problems at times of transition. Intervention is support worker (typically bachelors or masters level social worker). Groups were randomly assigned to usual discharge support or usual discharge support plus CTI worker for 7-9 months	People receiving support from a CTI worker had reduced readmissions rates and were more likely to being in contact with family members and to express satisfaction at the support from family members	Maintaining housing tenancy; readmission rates to mental health inpatient setting; frequency of and satisfaction with family contacts
Clark & Rich	2003	United States	Mental health (homelessness)	Quasi experimental study in which homeless adults with mental health problems were either allocated into a comprehensive housing case management (n=83) or case management only (n=69) programmes	Persons with high psychiatric symptom severity and high alcohol and drug use achieved better housing outcomes with housing and housing support services plus case management than they did with case management alone. However, persons with low and medium symptom severity and low alcohol and drug use did just as well with case management alone. However, guaranteed access to housing, housing services, and the assistance of and connection to a case manager for people with severe mental health problems and high substance misuse is cost effective for taxpayers as well as benefiting those affected when compared to the costs of homelessness	Housing status, substance misuse, severity of psychiatric symptoms. NB the professional background of the case managers is not recorded
Brouers et al	2007	The Netherlands	Mental health in workplace	People on sick leave with mental health problems deemed to be 'minor' by their GP were randomly allocated to intervention (n=95) and control group (n=90). Intervention group received five individual sessions of 50 min with a social worker over a period of 10 weeks. Patients in the control group received routine GP care, which could include medication or counselling	Social workers were not more successful in reducing sick leave duration possibly because they were located within primary care and could not influence factors within the work setting. Social workers may also see themselves as acting as the patient's advocate, valuing participants' well-being higher than work resumption, and this may not encourage resumption of work if they think it will worsen the situation. People in the social work intervention group were more satisfied but this did not translate into improved outcomes for them	Cost effectiveness, health status, reduction in sick leave, satisfaction

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Shah et al, 2001	2001	England	Older people	Opportunistic cohort study in which the length of stay and bed usage for a 7-month period when a dedicated social worker and a dedicated budget for domiciliary care packages were implemented were compared with an identical 7-month period the year before	A dedicated specialist social worker working exclusively with in patients in older people's mental health services with a dedicated budget for domiciliary care packages was cost-effective in this study because the costs of employing the social worker were met by a reduction in bed usage	Cost effectiveness, in-patient days
Manthorpe et al	2008	England	Older people	Mixed methods study in which older people in 10 parts of England were asked about their experiences of health and care services at a series of consultation events	People found it hard to differentiate between social workers and other social care workers. They had mixed experiences of social workers. Participants liked social workers who were able to work collaboratively with other organisations and families, were reliable and knowledgeable about services and took account of their wishes. Views of social services eligibility criteria and budgets sometimes became intertwined with views of social workers	User and carer views
Simons et al	2008	International review	Older people	Literature review Identifying 80 studies about social work in long term care	Concludes there is ample evidence of the effectiveness of social work within case management and comprehensive interdisciplinary services for older people but less evidence of a discipline specific contribution, especially in institutional settings such as hospitals and nursing homes	Range – varied across included studies
Milne et al (see also Ray et al, 2015)	2013	International review	Older people	Policy document making the 'case' for gerontological social work includes reference to research on social work with older people	Argues that role of social workers with older people in English context has been marginalised. There is a need to focus on research about social work with older people, not just social care	Service utilisation, cost effectiveness, user views
Ray et al, 2015 (see also Milne 2015)	2015	International review	Older people	Commentary making the 'case' for gerontological social work	Argues that skill and knowledge set of social workers uniquely equips them to manage the intersection of issues that currently challenge health and welfare services: complex needs, risk, transitions, end of life, carer stress and frailty	User views and wellbeing
Morrison	2005	United States	Older people (nursing homes)	Clinical trial in which social workers in nursing homes were randomised into a group receiving an educational intervention about the identification and documentation of preferences for medical treatments and on patient outcomes and a group receiving a training session on advance directives	Residents seen by social workers in the intervention group were significantly more likely to have their preferences about life sustaining medical treatments recorded. Residents seen by social workers in the control group were significantly more likely than intervention residents to receive treatments discordant with their prior stated wishes	Case records and other resident documentation

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Gridley et al	2014	England	Older people with complex needs & adults 18-65 with a disability	Qualitative study based on 67 interviews with service users, carers and social care staff	Participants stressed the importance of ongoing professional support from a specialist key worker or case manager to co-ordinate diverse services and ensure good practice at an organisational level. Highlighted the skill and time needed to organise an effective care/support plan	User satisfaction
Challis et al	2006	England & Northern Ireland	Older people, integrated services	Cross sectional surveys of social services departments in England and integrated trusts in Northern Ireland	The delivery of health and social care by a single organization Ireland enables a more integrated approach to meeting the needs of vulnerable older people through assessment and care management arrangements. Lower proportions of social work assistant and occupational therapy assistant staff undertook assessments in Northern Ireland but more work needed to understand impact of this. Integrated structures, although conducive to inter-professional working, do not necessarily guarantee it	Descriptions of services
Rizzo & Rowe	2014 (update of 2006 review)	International review	Older people, mental health, care management	Systematic review identifying 45 articles reporting the results of 42 outcome studies of social work interventions with older people	15/21 studies with information on costings reported reduced costs as a result of social work interventions. Social work interventions in aging have a positive and significant impact on QOL and cost outcomes but review unable to conclude whether the cost effectiveness of social workers is different to that of other professionals and para-professionals. There is a lack of information on the cost effectiveness of social workers providing counselling to people with mental health problems	Cost effectiveness, quality of life
Klemm et al	2013	United States	Outreach	Community Based Participatory Research (CBPR) project with a not for profit organisation supporting older people with cancer	Social workers provided a telephone advice service. Improved quality of data recording, started routine satisfaction surveys, and reduced funder fatigue	User satisfaction and donations
Leece and Leece	2011	Not stated but discussed in English context	Personalisation	Posted thread on 18 internet discussion forums for people with disabilities (n=12), older people (n=3), and carers (n=3). Respondents were asked to comment on the future role of social workers as support brokers. A total of 66 individuals made 153 responses	Respondents were generally critical of traditional care management and questioned the relevance of social workers and social services more generally. Power and autonomy were important themes in the responses	User views
Xie et al	2011	England	Personalisation	Postal survey of social services departments (80% response rate) covering integration of health and social care services; initiatives that prevent the need for more costly interventions; services to maintain people at home; and systems that promote choice, control, and flexibility	Progress in the range and style of support available to older people was variable. Design meant that it was impossible to see which types of arrangement were more effective	Descriptions of services

Author(s)	Year published	Country	Area of practice	Sample & methods	Main findings	Outcome/aspect of effectiveness
Ponsford et al	2007	Australia	Rehabilitation	Matched group design in which 154 people with traumatic brain injury received either community based (n=77) or inpatient rehabilitation (n=77)	There were no significant differences between groups in terms of employment outcomes or independence in personal or domestic activities of daily living (ADL). Those treated in the community were less likely to be independent in shopping and financial management and reported more changes in communication and social behaviour. The group receiving treatment in the community received fewer one-to-one sessions with social workers, speech and language therapists, occupational therapists and physiotherapists. More time was spent on the telephone arranging visits. The community option was cheaper mainly because of lower staff input	Return to paid employment or study, independence in activities of daily living (e.g. washing) and instrumental activities of daily living (e.g. shopping), communication, behaviour and social difficulties. NB Social work was recorded as part of a whole team approach and no findings specific to social work are reported
Daly et al	2005	United States	Safeguarding	Secondary analysis of data collected by Adult Protective Services (APS) in US states	Those states that required APS case workers to hold a social work degree in their legislation did have higher elder abuse investigation rates. However, no differences in report, investigation, or substantiation rates of elder abuse were found for those states requiring the social work degree and/or license, and/or the baccalaureate degree qualifications in state policy	Numbers of safeguarding investigations and substantiated investigations
Ernst and Smith	2012	United States	Safeguarding	Analysed administrative data from 869 safeguarding cases comparing decisions made by a lone social worker and a multidisciplinary team (MDT)	Although a nurse/social worker team does appear to confer some benefits relative to a lone social worker, these benefits do not appear to rise to a level that justifies their additional cost when employed to all cases under investigation. Suggests further work is needed to see when additional costs of the MDT produce additional benefits in terms of identifying and rating risk	Cost effectiveness, risk ratings, re-referral rates
Ash	2013	Wales	Safeguarding	Interviews and focus groups with 33 social workers and managers in a social services department in Wales	Social workers and their managers could sometimes develop low expectations about the quality of services and could become reluctant to challenge poor practice	Professional views and descriptions of practice
Graham et al	2014	International review	Safeguarding	Narrative synthesis of 16 key articles about safeguarding identified through systematic searching	The development of adult safeguarding policy and practice has prompted local authorities to develop specialist safeguarding roles but the implications of this – especially in terms of effectiveness of practitioners - have not been extensively explored	Various depending on included studies
Bride et al	2013	United States	Substance misuse	Questionnaires from 1227 counsellors in privately funded, community-based substance misuse treatment centres (58% response rate)	Social workers had more positive attitudes toward evidence-based practice and the use of medications in substance misuse treatment	Social workers' knowledge
Cree et al	2014	Scotland	Substance misuse (drug and alcohol)	Mixed methods study involving analysis of case records, participant observation and focus groups	Concluded that social workers were making a significant impact on service users' lives, by providing extensive practical support and guidance in life skills, as well as emotional and social support, within the parameters of a programme in which their key task was to help service users to regain control of their lives and then refer them on to other services. Flexibility and openness of service were valued. Context of evaluation was important. Case notes showed discrepancies between support needed and support provided. Not everyone completed the 16 week programme but suggested this is not necessarily an indication of failure as some moved away/died etc. and those who had partially completed it spoke positively about it	User views and programme completion
NB: This table excludes background articles discussed in the main text but which were about effectiveness or methodology in general and not about reporting primary research about social work with adults.						

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